

**Effective October 1, 2003**

10/784353

1984353

(Column 1)      ·      (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 13            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 13 minus 20 = |              |
| INDEPENDENT CLAIMS  | 13 minus 3 =  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

• If the difference in column 1 is less than zero, enter "0" in column 2.

9-30-05 (Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | Column 17                                 | Column 27                                   | Column 31                |
|--|---|---|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total  | • 29 •                                    | Minus -- 20                                 | = 9                      |
| Independent                                    | • 7 •                                     | Minus --- 3                                 | = 4                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |

OTHER THAN  
OF SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     |        |
| X43=      |        | OR | X86=      |        |
| -145=     |        | OR | -290=     |        |
| TOTAL     |        | OR | TOTAL     |        |

| RATE                | ADDITIONAL FEE |    | RATE                            | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------------------|----------------|
| X59=                |                | OR | <del>X548=</del> <sup>50</sup>  | 450.           |
| X43=                |                | OR | <del>X286=</del> <sup>200</sup> | 800.           |
| +145=               |                | OR | +290=                           |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE             | 1250.          |

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| XS 9=               |                | OR | XS18=               |                |
| X43=                |                | OR | X86=                |                |
| +145=               |                | OR | +290=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X43=                |                | OR | X86=                |                |
| +145=               |                | OR | +290=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

|                    |   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|--------------------|---|---|-------|---|------------------|
| <b>AMENDMENT B</b> |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|                    | Total   | *   | Minus | **  | =                |
|                    | Independent   | *   | Minus | ***   | =                |
|                    | <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |   |       |   |                  |

| AMENDMENT C   | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|---|---|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | *   | **  | =                |
| Independent   | *   | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |                  |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 • The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.